

**INSTRUCTIONS FOR COMPLETING THE MULTI-SERVICE REFERRAL AND CLIENT RELEASE OF INFORMATION:**

1. Referring agency is to complete pages 1 and 2.
2. Participant is to complete page 3, sign and date.
3. Referring agency faxes all three pages to the agency(s) to which the participant is being referred.

**FAX COVER SHEET**

**This is not an exclusive list of fax numbers. If the agency is not included, please write in under Other.**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Allan Hancock EOPS/CalWORKs fax# 922-2606</li> <li><input type="checkbox"/> Americas Job Centers of California (Shoreline Workforce Development; CA Employment Development Dept.; Pathpoint; Mission Community Services, Cuesta College, Department of Rehabilitation) fax #s:SLO 903-1411;South 270-3107</li> <li><input type="checkbox"/> Cal-SAFE fax# 473-5624</li> <li><input type="checkbox"/> Community Action Partnership (CAPSLO) Programs:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Child Care Resource Connection fax # 541-0141</li> <li><input type="checkbox"/> Direct Services/Parent Education fax # 541-1264</li> <li><input type="checkbox"/> Head Start/ Early Head Start fax # 544-4275</li> </ul> </li> <li><input type="checkbox"/> Community Health Centers: city &amp; fax # _____</li> <li><input type="checkbox"/> County Office of Education fax # 541-1105</li> <li><input type="checkbox"/> Cuesta College Programs:             <ul style="list-style-type: none"> <li><input type="checkbox"/> CalWORKs fax # 546-3998</li> <li><input type="checkbox"/> ILP fax # 781-1940</li> <li><input type="checkbox"/> WIA Youth Employment fax # 903-1431</li> <li><input type="checkbox"/> Estrella Career Center 591-6315</li> </ul> </li> <li><input type="checkbox"/> Department of Rehabilitation #542-4682</li> <li><input type="checkbox"/> Department of Social Services             <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Services fax # 788-2834</li> <li><input type="checkbox"/> Child Welfare Services fax # 781-1701</li> <li><input type="checkbox"/> Participant Services fax # 781-1686</li> </ul> </li> <li><input type="checkbox"/> Drug and Alcohol Services fax # 781-1227</li> <li><input type="checkbox"/> Family Care Network fax # 201-3535</li> <li><input type="checkbox"/> Food Resources             <ul style="list-style-type: none"> <li><input type="checkbox"/> Food Bank Coalition fax # 238-6956</li> <li><input type="checkbox"/> Loaves and Fishes: city &amp; fax # _____</li> </ul> </li> <li><input type="checkbox"/> Homeless Services             <ul style="list-style-type: none"> <li><input type="checkbox"/> CAPSLO North County Case Mgmt fax # 466-3723</li> <li><input type="checkbox"/> CAPSLO South County Case Mgmt fax # 473-8349</li> <li><input type="checkbox"/> ECHO fax # 462-3663</li> <li><input type="checkbox"/> Maxine Lewis Shelter/SLO Case Mgmt fax # 781-3996</li> <li><input type="checkbox"/> Prado Day Center/SLO Case Mgmt fax # 546-8349</li> <li><input type="checkbox"/> Transitional Food &amp; Shelter ph # 238-7056 (call &amp; mail)</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Hospital: name &amp; fax # _____</li> <li><input type="checkbox"/> Housing Authority SLO fax # 595-1372</li> <li><input type="checkbox"/> Independent Living Resource Center fax # 462-1166</li> <li><input type="checkbox"/> Kinship Center fax # 434-3839</li> <li><input type="checkbox"/> The LINK fax # 462-8901</li> <li><input type="checkbox"/> Martha's Place fax # 781-4962</li> <li><input type="checkbox"/> Mental Health fax # 781-1177</li> <li><input type="checkbox"/> Probation             <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult fax # 781-1231</li> <li><input type="checkbox"/> Juvenile fax # 781-1169</li> </ul> </li> <li><input type="checkbox"/> Public Health fax # 781-1372</li> <li><input type="checkbox"/> S.A.F.E.             <ul style="list-style-type: none"> <li><input type="checkbox"/> Atascadero fax # 462-8901</li> <li><input type="checkbox"/> Central/Coastal fax # 781-1177</li> <li><input type="checkbox"/> Martha's Place (ages 0-5) fax # 781-4962</li> <li><input type="checkbox"/> Paso CARE fax # 237-6174</li> <li><input type="checkbox"/> South fax # 474-2025</li> </ul> </li> <li><input type="checkbox"/> Salvation Army: city &amp; fax # _____</li> <li><input type="checkbox"/> School Districts:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Atascadero fax # 466-2941</li> <li><input type="checkbox"/> Lucia Mar fax # 473-1587</li> <li><input type="checkbox"/> Paso Robles fax # 237-3476</li> <li><input type="checkbox"/> San Luis Coastal fax # 543-6567</li> <li><input type="checkbox"/> Templeton fax # 434-5879</li> <li><input type="checkbox"/> Other _____</li> </ul> </li> <li><input type="checkbox"/> Sexual Assault Recovery &amp; Prevention Ctr. (SARP) fax # 545-5841</li> <li><input type="checkbox"/> Tobacco Control fax # 781-1235</li> <li><input type="checkbox"/> Transitions-Mental Health fax # 540-6501</li> <li><input type="checkbox"/> Tri-Counties Regional Center fax # 543-8725</li> <li><input type="checkbox"/> Veterans Administration fax # 781-5769</li> <li><input type="checkbox"/> Victim Witness Assistance Center fax # 781-5828</li> <li><input type="checkbox"/> Women's Shelter             <ul style="list-style-type: none"> <li><input type="checkbox"/> North County fax # 461-8115</li> <li><input type="checkbox"/> SLO fax # 781-6410</li> </ul> </li> <li><input type="checkbox"/> Other _____</li> </ul> |
|---|--|

Date: _____		Pages: _____
To: _____	Program/Title: _____	Fax: _____
From: _____	Program/Title: _____	Phone: _____
Re: _____		

Federal Reg Title 42: This Information has been disclosed to you from records that are confidential and protected by Federal Law. Federal regulations (42 code of Federal Regs, Part 2) prohibits you from making any further disclosures of the records or information without specific written consent of the person to whom it pertains. A general authorization for the release of Information is not sufficient for this purpose.

NOTE: This message, including all attachments, is intended only for the use of the person(s) to whom it is addressed, and may contain information that is confidential and subject to the attorney-client privilege. It should not be forwarded in printed or electronic form to any other person or computer. If you received this message and are not the intended recipient or an agent responsible for delivering this message to the intended recipient, you have received this message in error; please immediately notify the sender and destroy your copy. Thank you.

San Luis Obispo County Multi-Service Referral and Client Release of Information

TO BE COMPLETED BY REFERRING AGENCY:

Date of Referral: \_\_\_\_\_

Person Referred: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Telephone: \_\_\_\_\_

Parent/Caretaker (if applicable): \_\_\_\_\_

Okay to leave message  Yes  No

Language:  English  Spanish  Other: \_\_\_\_\_

Contact Person: \_\_\_\_\_

COMPLETE IF PARTICIPANT IS PREGNANT/HAS CHILDREN:

Due Date: \_\_\_\_\_

If referring to Public Health: # Live Births: \_\_\_\_\_

Ages of Children: \_\_\_\_\_

If children ages 0 to 5, was ASQ/ASQ-SE completed:  Yes  No  
If yes, attach copy of score summary sheet

Referring Person: \_\_\_\_\_

Email: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Referring To: \_\_\_\_\_

- Purpose of Referral:  4 Ps+ Protocol  ASQ/ASQ-SE  Alcohol & Drug Abuse  SAFE Team Meeting  PHN  Sexual Abuse  
 Chronic Neglect  Homeless  Mental Health  Young Children 0-5  Domestic Violence  VSP  Poverty  
 Other: \_\_\_\_\_

FOR DEPARTMENT OF SOCIAL SERVICES USE ONLY

Office of origination: \_\_\_\_\_

Referral # \_\_\_\_\_

Beginning Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Case # \_\_\_\_\_

Case type (Check all that apply):  CW  CWS  S.A.F.E.  AS  Pre-Adoption  Post-Adoption  300 WIC  600 WIC

Purpose of referral:  Drug Testing  Drug Assessment  Kinship Center (Complete DSS 813 then fax to #434-3839)

Martha's Place  Martha's Place **SAFE (ages 0-5)** (Complete forms: Martha's Place Child Assessment Form SAFE, Martha's Place Referral 0-5 SAFE, and Martha's Place Authorization to Exchange Information 0-5 SAFE & fax 781-4962- available on DSS Net)

Mental Health Managed Care (Complete DSS 821 & DSS 823 & fax to Central Access #781-1177)

CAPSLO Direct Services (\_\_\_\_\_)  CAPSLO Parent Education  Other \_\_\_\_\_  
Social Worker Supervisor Signature

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please do not edit this form. For minor corrections, contact [bbenassi@co.slo.ca.us](mailto:bbenassi@co.slo.ca.us). For content revisions, contact [sgraber@co.slo.ca.us](mailto:sgraber@co.slo.ca.us).



# San Luis Obispo County Multi-Service Referral and Client Release of Information

\_\_\_\_\_ WIA Youth Employment

\_\_\_\_\_ Independent Living Resource Center

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Estrella Career Center

\_\_\_\_\_ Kinship Center

\_\_\_\_\_ Other: \_\_\_\_\_